

TITLE I ANNUAL LEA EVALUATION REPORT

SOUTH DAKOTA

PROJECT YEAR 2000-2001

PROGRAM IDENTIFICATION:

LEGAL NAME OF AGENCY:	STREET ADDRESS:
CITY:	COUNTY: ZIP:

NAME AND TITLE OF PERSON COMPLETING THIS REPORT:	SCHOOL PHONE:	HOME PHONE:
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PART I

A.

(*Number of Targeted Assistance and Schoolwide Program Schools should equal total number of Title I schools)

Number of schools in LEA:		
Number of schools operating Title I programs:		
Number of Targeted Assistance Schools:	*	Number of Schoolwide Program Schools: *
List all Targeted Assistance Schools eligible for, but not implementing, Schoolwide Programs and the low income percentage: (Low-income percentage greater than 50%)		

B. Please indicate (X) each Title I service delivery option used during the 2000-2001 school year:

(Targeted Assistance School = TAS ; Schoolwide Program School = SWP)

	PRE SCHOOL	READING RECOVERY	PULL OUT	IN CLASS	BEFORE AFTER	OTHER EXTENDED	REPLACE MENT	OTHER	OTHER	OTHER
TAS										
SWP										

PART II. TITLE I STUDENT PARTICIPATION IN REGULAR SCHOOL YEAR

(Give the number of Title I participants during the regular term)

A. ELIGIBILITY, GENDER AND ETHNICITY (+SWP numbers for schools served only)						
	PUBLIC		PRIVATE	LOCAL NEGLECTED	TOTAL	
	TAS	SWP+				
Indicate the number of children ELIGIBLE to participate during the regular term (from approved plan):						
PARTICIPANTS BY GENDER					TAS	SWP
MALE						
FEMALE						
TOTAL					*	*
PARTICIPANTS BY RACIAL/ETHNIC GROUP					TAS	SWP
AMERICAN INDIAN / ALASKAN NATIVE						
ASIAN OR PACIFIC ISLANDER						
BLACK (NOT HISPANIC)						
HISPANIC						
WHITE (NOT HISPANIC)						
TOTAL					*	*

[* These two TOTALS found in boxes : should agree.]

B. PARTICIPATION BY GRADE LEVEL OR AGE						
GRADE LEVEL OR AGE	PUBLIC		PRIVATE	LOCAL NEGLECTED	LEP	TOTAL
	TAS	SWP**				
AGE 0-1*						
AGE 2*						
AGE 3*						
AGE 4*						
AGE 5*						
K						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Nongraded						
TOTALS:						

*These counts include preschool children below the kindergarten level. **Count should include all students enrolled in the schools served.

C. PARTICIPATION BY SPECIAL SERVICE GROUP		TAS	SWP
# of Title I participants with handicapping conditions also served in special education programs			
# of Title I participants also served in LEP or ESL programs			
# of identified migrant students served in Title I Part A			
# of preschool students			
# of homeless children served			

D. TITLE I PARTICIPANTS DURING REGULAR TERM BY TYPE OF SERVICE					
Service Area	Public		Private	Local Neglected	TOTAL
	Targeted Assistance	Schoolwide			
INSTRUCTIONAL					
Reading					
Other Language Arts (Not Above)					
Mathematics					
Preschool					
Reading Recovery					
Other (Specify)					
Other (Specify)					
SUPPORTING					
Guidance/Counseling					
Social Work					
Health/Dental					
Nutrition					
Pupil Transportation					
Other (Specify)					
TOTALS					

PART III: TITLE I FUNDED STAFF INFORMATION (Do not include migrant staff)

A. Give the number of staff employed in Title I targeted assistance or schoolwide programs during the regular term. Report in full-time equivalents (FTE) by job classification.		
JOB CLASSIFICATION	FULL-TIME EQUIVALENTS	
	TAS	SWP
Administrators		
Teachers		
Teacher Aides/Paraprofessionals		
Staff Providing Support Services (Non-Clerical)		
Clerical Staff		
Other (Specify)		

B. Provide the following information for aides working in the Title I program. (Body counts, not FTE). (Do not include migrant staff)	
Number of Title I aides who have either a high school degree or a GED	
Number of Title I aides with college degrees	
Number of Title I aides receiving either a high school degree, a GED or a college degree in the past year	

PART IV: POVERTY LEVEL OF EACH TITLE I SCHOOL:

A. List each Title I school by name and the poverty level of that school.

Indicate the poverty level of your school by the following numbers 1=0-34%, 2=35-49%, 3=50-74%, 4=75-100%. this information is available on part I of your Title I application for 2000-2001 under "Selection of eligible school attendance areas" column 7.

School	Poverty Level

Progress on Implementing the School District Plan - District Name _____*(Refer to Part II of your Title I Application to address the items below)*

An assessment team should review the progress during the current year of implementing the activities for each of the questions on the approved Title I School District Plan. Information from this evaluation should be used locally to improve your program. Ratings are NOT used at the state level to identify schools in need of improvement.

The “assessment” team can be the school improvement team or the persons in the positions listed below. For school districts with multiple Title I buildings, the ratings can be reported a) by building, or b) as an aggregate for the district and signatures should be representative of the district.

Rating Scale: 1-10 with 1 being **NO PROGRESS** to 10 being **OUTSTANDING PROGRESS** (NA = an optional question not included in the plan).

	1	2	3	4	5	6	7	8	9	10	NA
1. Strategies and procedures used to provide high-quality professional development.											
2. School district and school parent involvement policies development including parent/school compact.											
3. Enabling the students served in preschool, kindergarten, grades 1 and 2 to meet, the standards established for this level. (Rate if services are provided in any of these levels.)											
4. High-quality student assessments or other indicators used to (a) determine student success in meeting the performance standards; (b) assist in diagnosis, teaching and learning, and (c) determine necessary project revisions.											
5. Coordination and integration of services and programs (where appropriate) such as Even Start, Head Start; preschool programs; transition programs; homeless; limited English proficiency programs; migrant, etc.											
6. Services to help participating children meet the standards expected of all children.											
7. Schoolwide projects.											
8. Services that extend learning time.											

STATEMENT OF ASSURANCES:

I certify that, to the best of my knowledge and belief, this report is true and correct in all respects; all information asked for is provided to the best of our ability; and that supporting documentation for all entries have been retained and will be made available to State Department Personnel upon request.

 Building or District Administrator

 Date Signed

 Title I Teacher

 Date Signed

 Classroom Teacher

 Date Signed

 Other-(Specify)

 Date Signed

 Authorized Representative

 Date Signed